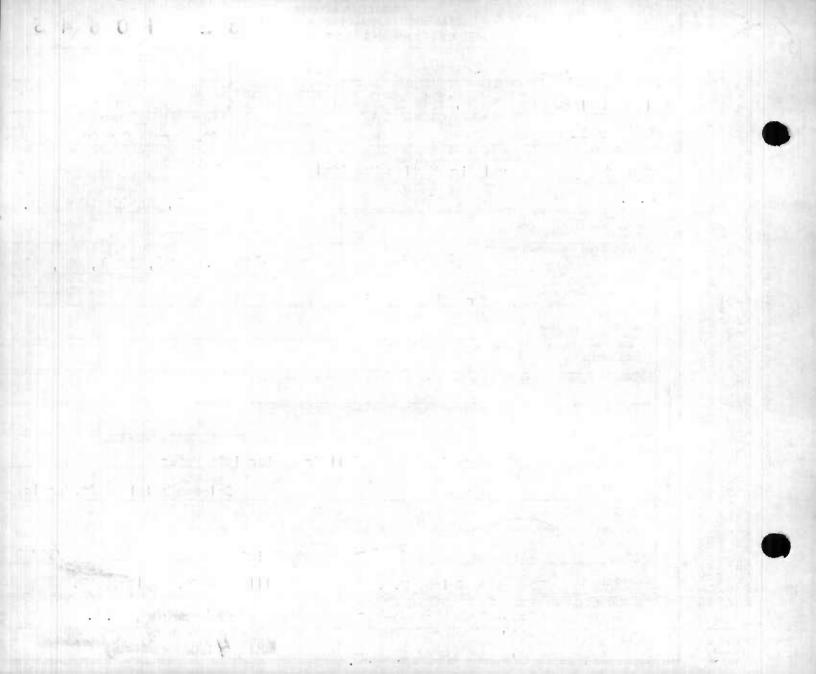
	FOR		I STATE OF THE STA			AARYLAND	IVOIENIE .			
-5	- STATE	2AR				AND MENTAL H		0 8	4 :	5
	1. DECEASED			MIDDLE		LAST	20. DATE KNOWN	MONTH D	AY YEAR	2b HOUR
40000	TYPE OR PRINT	Jame	s Le	ester		Bard	OF ESTI-		0 19 82	M
CE/	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHI	EARS IF UN	DER TYR. IF UNDER	24 HRS. 2c. DATE	MONTH D	AY YEAR	2d HOUR
8	Male	Black	Nov 25		RS.	DATS HOURS	DEAD		0 1982	2 A M
70	and the second	Carolina	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOW	NEVER MARR		_		MD
29	Patux	OWN OF DEATH	JIF NOT IN SUCH FA	PITAL, NURSING HOW CILITY, GIVE STREET ADDRESS) In Station			120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Soldier	PE OF WORK 12b.	OR INDUSTR	SINESS
7	USUAL RESID	ENCE (IF IN NURSING HOME	OTHER INSTITUTION, GI				Route 1, H	Jawkhri	idao E	0.4
1	14. FATHER'S	NAME	weeks			15 MOTHER'S MAIDE	N NAME	IAWKUI.	1	141_
12/13	Ra	ymond Bar	d	LAST			e Ann Pierce		LAST	
3	yes NO OR	EASED EVER IN U.S. ARI UNKNOWN) 1 IF YES, GIVE 9/78	MED FORCES? war or Dates) -4-30-82	166 SOCIAL SECURI 143-46-2	2002	17 INFORMANT	lýn C. Bard,	S	Hawkb Rd, S	
HEALTH AND MENIAL HYGIENE, IL, CREMATION, OR REMOVAL.	ga car lyir	nditions, if any, which we rise to immediate use (a) stating the undering cause last. THER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE		E OR CONDITION GIVEN IN PAI	RT 1 (a),		Secretary and the second	
PRIOR TO BURIAL, CI	21a EX.	TE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?		2	@ AUTOPSY?	
5 1	E .							- 12	YES 💢	NO 🗆
3		FERNAL CAUSE WAS LYING		MONTH DAY YEA	R		D LENTER NATURE OF INJURY IN ITEM 18	8 PART 1 OR PART 2)		
4	WHILE AT WO	URY OCCURRED NOT WHILE DAT WORK	21e PLACE C STREET, FACT Wat	OF INJURY (ATHOME, ORY, FARM, ETC.)		CATION	Solomon's	sland,	St.Mary	STATE MD
ORE, MARKIAND, 21201		(1		(7) A	Autap vicide	, Hamicide ,	Undetermined manner	DATE SIGNED_	4/30)/82
TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARKE	(TYPE C			Smith, M.D		AUUKESS	II Penn St. Ba	alto., N	MD.	
∢ ∞	Bi	remation, removal 2	5-5-82		ille	Cemetery		SECURE AND A SECURE ASSESSMENT AS A SECURITION OF THE PARTY OF THE PAR		ATE.
1-17 ME (5))		DIRECTOR Marsh .7 9th St	all's Fu NW, Wash	ineral Ho lington	me C	25u. DATE F	REC'D. BY REGISTRAR 14 1982	ASTRAR SON	Marth	in.



STATE OF MARYLAND

TARE AS DESCRIPTION TARE DESCRIPTION OF THE PARTY OF THE 「性味性・性」 」 Language An investigation of the contraction of the Land of the contraction of BELL THE THE RESERVE TO THE PROPERTY OF THE PR Commence of the same of the sa All light C. Boyd II. M.D. THE PERSON OF THE PROPERTY OF THE PROPERTY OF THE PARTY O which is a stable drove and were in the second of the second

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

3. SEX	JAMES	9	ILAS	BY	an an	April	23.	1982	1.01.50
3. SEX	- United	4 RACE		5. DATE C		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24
MALE		CAUCAS	IAN	AUG.	7, 1918 YEAR	63	YE	MONTHS DAYS	HOURS
70. BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT			
VIRGINIA		U.S	.A.	WIDOWE		St. Ma	rv's (County	
10 CITY OR TOW	N OF DEATH	11. NAME OF I	HOSPITAL, NURSING	G HOME C	PROTHER INSTITUTION	12a USUAL OCCU	PATION	126 KIND C	OF BUSINES
Leona		St.	Mary's H	lospit	tal	SALESMAN			E HOME
USUAL RESIDENCE 130 STATE MARYLAN	13b COUN		I36 CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRE	SS 10	7-111	
14 FATHER'S NAM	ΛE	WIDDLE			15 MOTHER'S MAIDEN NA	ΜE		5.94	
LEWIS		M.	BYRD		LENA	MIDD	LĒ	MINTER 'A	ST
60 WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	AC	DRESS #	2, Box 3	107-11
YES	MM (IN AEZ CIV		231-09-97	19	BETTIE GORDO	N BYRD	Calif	ornia. Ma	arvlan
18 CAUSE	OF DEATH (Enter or	ly ane cause per	line far (a), 1b), and	(c)					MATE INTERVA
PART I.	DEATH WAS CAUSE	Ď BY: TE CAUSE (a)		sirati	5mg arrest	-		32,111,251	ONSET AND D
underlying		((c)	Possibl	e c		monom	-	most bed	2
	FOPERATION				NOT RELATED TO THE TERM N WAS PERFORMED				
						200 AUTOPSY?	20b. IF IN CE	YES, WERE FINDING CAUSES	NGS USED
CERTIFICATION 150 DATE C	F OPERATION IT WAS UNDERLYING	196 CONDI	ITION FOR WHICH (OPERATION		200 AUTOPSY?	20b. IF IN CE	YES, WERE FINDING CAUSES	NGS USED OF DEATH
CERTIFICATION 110 DATE C	F OPERATION	196 CONDI	TION FOR WHICH C FINJURY M. MONTH DA	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CE	YES, WERE FINDING CAUSES	NGS USED OF DEATH
A LEGITARE OF CONTRIBUTIONS OF CONTRIBUT	F OPERATION IT WAS UNDERLYING UTING CAUSE OF DE	21b TIME O HOUR A.	TION FOR WHICH (FINJURY M. MONTH DA' M.	OPERATION Y YEAR	N WAS PERFORMED	280 AUTOPSY? YES NOT NOT ED (ENTER NATURE OF	20b. IF IN CE	YES, WERE FINDING CAUSES	NGS USED OF DEATH NO
WHILE AT WORK 220 I certif	FOPERATION IT WAS UNDERLYING ITING CAUSE OF DEA OCTUPY MEDICAL EXAMINES OCCURRED NOT WHILE ALL WORK IT WORK I that (I) (this hospi	21b. TIME O HOUR A 21e. PLACE (AT HOME, STR	F INJURY M. MONTH DA' M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from	Y YEAR 19 RM.ETC)	21¢ HOW INJURY OCCURR 211 LOCATION STREET	20a AUTOPSY? YES NOTE NOTE OF CITY C	20b. IF IN CE	YES, WERE FINDITE RITE YING (AUSES YES) COUNTY	NGS USED OF DEATH NO STA
POR DATE CONTRIBUTION OR CONTR	F OPERATION IT WAS UNDERLYING ITING CAUSE OF DEA OCCURRED NOT WHILE AL WORK	21b. TIME O HOUR A. 1) P.J. 21e. PLACE (AT HOME, STR tal) attended th	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from 10.85	Y YEAR 19 RM.ETC)	N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET	20a AUTOPSY? YES NOTE NOTE OF CITY C	20b. IF IN CE	YES, WERE FINDITE RITE YING (AUSES YES) COUNTY	NGS USED OF DEATH NO STA
WHILE A WORK 220-1 Certification of the stown of the stow	FOPERATION IT WAS UNDERLYING CAUSE OF DEA OTHEY MEDICAL EXAMINES OCCURRED NOT WHILE AT WORK IT WO	21b. TIME O HOUR A. 1) P.J. 21e. PLACE (AT HOME, STR tal) attended th	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from 10.85	Y YEAR 19 RM.ETC)	210 HOW INJURY OCCURR 211 LOCATION STREET 221 A 19 d that in (my) (aur) apinion of	20a AUTOPSY? YES NO SED (ENTER NATURE OF	20b. IF IN CE	YES, WERE FINDITE RITE YING (AUSES YES) COUNTY	NGS USED OF DEATHS NO STATE that (I) (we causes state
VOIDE CONTRIBUTE CONTR	FOPERATION IT WAS UNDERLYING ITING CAUSE OF DEA OTHEY MEDICAL EXAMINER OCCURRED NOT WHILE ALWORK I that (I) (this hospi e deceased alive an (I) (we) (did) (dud no TURE	21b. TIME O HOUR A. 1) P.J. 21e. PLACE (AT HOME, STR tol) attended th	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from 10.85	Y YEAR 19 RM.ETC)	211 LOCATION STREET 211 to (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO SED (ENTER NATURE OF	20b. IF IN CE	YES, WERE FINDING CAUSES YES 18 PART 1 OR PART 2) COUNTY 19 8 2 hour and from the	NGS USED OF DEATH' NO STA'
190 DATE CO 21a, ACCIDE 10 OR CONTRIBUTE 21d INJURY WHILE ATWORK 220 I certif sow the obove, 22b. SIGNA	FOPERATION IT WAS UNDERLYING CAUSE OF DEA OTHEY MEDICAL EXAMINES OCCURRED NOT WHILE AT WORK IT WO	21b. TIME O HOUR A. 1) P.J. 21e. PLACE (AT HOME, STR tol) attended th	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from 10.85	Y YEAR 19 RM.ETC)	216 HOW INJURY OCCURR 211 LOCATION STREET 212 19 d that in (my) (aur) apinion of	YES NOTED (ENTER NATURE OF	20b. IF IN CE	YES, WERE FINDING CAUSES YES 18 PART 1 OR PART 2) COUNTY 19 8 2 hour and from the	NGS USED OF DEATH' NO STA' that (I) (we causes state
VOID 190. DATE CO TRIBE OF CONTRIBUTION OF CON	FOPERATION IT WAS UNDERLYING ITING CAUSE OF DEA OTHEY MEDICAL EXAMINER OCCURRED NOT WHILE ALWORK I that (I) (this hospi e deceased alive an (I) (we) (did) (dud no TURE	216. TIME O HOUR A. 216. PLACE (AT HOME, STR tol) attended the 2 2 2 t) view the body	FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAI e deceased from 10.85	Y YEAR 19 RM.ETC)	211 LOCATION STREET 211 to (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	28a AUTOPSY? YES NO NO NOTE: NOTE: NO	20b. IF IN CE	YES, WERE FINDING CAUSES YES 18 PART 1 OR PART 2) COUNTY 19 8 2 hour and from the	NGS USED OF DEATH' NO STA' that (I) (we causes state
VOID 190 DATE CO 1	FOPERATION IT WAS UNDERLYING ITING CAUSE OF DEA OCCURRED NOT WHILE AI WORK IT HONOR O the deceased alive on (()) (we) (did) (elid no TURE	216. PLACE (AT HOME, STR PRINT)	FINJURY M. MONTH DA' M. OF INJURY elet. FACTORY, OFFICE, FAI after death.	Y YEAR 19 RM. ETC) A 10	210 HOW INJURY OCCURR 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 220 ADDRESS	YES NO ED CENTER NATURE OF CITY CO., to Director PH	20b. IF IN CE IN C	YES, WERE FINDING CAUSES YES 118 PART 1 OR PART 2) COUNTY 19 8 hour and from the	STA that (I) (we causes state SIGNED

DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

BRINSFIELD FUNERAL HOME

59 North Washington StAPR 30 1982 James

JAMES SILES BYEN SYND

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Formation B'end .JB myothanood

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E. Tougul M.D.

1	FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 4	G NO.	0 8	4 8
	MECEASED NAME	rest	Miles N	MIDDLE.		4.657	7s. DATE OF DEA	Per Color	DAY YEAR	25. HOUR
		DA	FORD	Market .	CARR	OLL	April	7. 198	2	3.37 A
1.5			4 RACE	and the same		OF BIRTH	A AGE CHILARLE		WUNDER I YEAR HONTHS BAYS	
	Female		White	e	Jan	h.6, "1885"	97	YRS.	MUNINES DATE	HOURS MIN
1.0	BIRTHPLACE LY(A)E GO COUNTRY) C.	OR GA	U.S.	WHAT COUNTRY?	MARRI	ED NEVER MARRIED S		ry's Cou		M
	CRY OR TOWN OF DEA		LENGENSUC	HOSPITAL NURSIN	ADDRESS	OR OTHER INSTITUTION	17s. USUAL OCCL		175 KIND C	OF BUSINESS OF
1.70	UAL RESIDENCE (* NOR) STATE d.	St.	OTHER MAINTAINS	bia city or low	ADMINION	VES NO K	Us STREET ADDR	*§1		L S AT
H.F	Unknow		носы	14310		15 MOTHER'S MAIDEN NAMED IN THE LEGISLAND IN THE LEGISLAN	WE	Olk	li w	it.
	WAS DECEASED EVER		MED FORCES?	166, SOCIAL SECU	RITY NO.	Gladys She	A	Same	as 13	е.
CERTIFICATION	Canditions, if day, gove rise to land course (ii), statio underlying scales	which sediate of the lost	DUE TO, OF	FINES PARISHING TO	CA	OULUNG CON	dial		auce	
ERTIFIC	2)a. ACCIDENT WAS UND	IRISAN F	The same of	P IN LUMBO			YES NO	N CERTIF	YING CAUSES	OF DEATH?
¥	OF CONTRIBUTING C C	AUSE OF DEA	NAME OF TAXABLE PARTY.	M. MONTH DA	RABY VA	TICHOW INJURY DCCURE	ED (INTERNITURE O	E POLIET PS (TEXT.) E. F.	uet i De Enet 21	
MEDIC	WHILE HOLINA	и П	21e PLACE C	OF INJURY EET. FACTORS, ORSICE, SA	Co	ZII LOCATION	cm 1	DR FOWN	COUNTY (MAR
	27s. I certify that (I) saw the decem- obsets, (I) (we) 37s. SIGNATURE	olive In	4.6	· 1 L10	1	nd that is (my) (our) opinion a DEGREE ATTENDING		STAFF		CHAPTER MARKET

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

ORTANT, IF IN

Du Burial Cremation Removal 4/12/82 74 FUNERAL DIRECTOR

Samadi

TANAME OF CEMETERY OR CHEMATORY
St. George Cem.

77e: ADDRESS

ATORY IM LOCATION VALUE STORMS VALUE STORMS VALUE STORMS RECOGNADOR RECOGNADO

W. Clarke Mattingley Leonardtown, Md.

Legal record street . The contraction

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Aspen Research Son. . Willes Market St. 1984

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St. Mary's County

	1 00	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATI	REG. NO.	
76/	(TYPE	OR PRINT)			20. DATE OF DEATH MONTH	DAY YEAR 2b. I
D 00	_	Angeline	С.	Choporis	April 9	1982 1:
	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO
An.		Female	Caucasian	Aug. 21, 189	INS.	
141	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED - NEVER MARRIE	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1		reece	U.S.A.	WIDOWED X DIVORCE	St. Mary's	
176	Le	TY OR TOWN OF DEATH onardtown	St. Mary	s Hospital	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Housewife	12b. KIND OF BUINDUSTRY
437	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	VITY 136 CITY	or town ton spoint yes no [NITS? 13. STREET ADDRESS	77 1-
a G	14 FA	THER'S NAME	WIDDLE	15. MOTHER'S MAID		\$
exo.		John	Comur	ntizis Poletin	me MIDDLE	Hios
loo	16a V	AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT	ADDRESS	11200
the medi	(1	ES, NO OR UNKNOWN) (IF YES, GIV	213-	-54-9006JT Mrs. Arti	nur Goode, Sr., Colto	nis Point
other tro		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.		enseouence of lawfie h	eart Desion	100
ta buria njury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
any injury, or	TIFICATION	PART 2 OTHER SIGNIFICANT		ING TO DEATH BUT NOT RELATED TO THE	200. AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDINGS I
18 shows any injury, or	CAL CERTIFICATION		19b. CONDITION FOR	R WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDINGS I FYING CAUSES OF DE
Hygiene prior to burio	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED NTH DAY YEAR 19 21: LOCATION	20a AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS I FYING CAUSES OF D
th and Mental Hygiene prior to burial orked or Item 18 shows any injury, ar		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hasp	19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR' (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) 216 HOW INJURY C	200 AUTOPSY? 20b. IF YE IN CERTI YES NO YI CCURRED (ENTER NATURE OF INJURY IN ITEM 18, I	S, WERE FINDINGS FYING CAUSES OF I ES N PART I OR PART 2) COUNTY
th and Mental Hygiene prior to burial orked or Item 18 shows any injury, ar		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (this hasp sow the deceased alive or	19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR' (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) 216 HOW INJURY C	20a AUTOPSY? 20b. IF YE IN CERTI YES NO VERTON	S, WERE FINDINGS FYING CAUSES OF I ES N PART I OR PART 2) COUNTY
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th ond Mentol Hygiene prior to burro orked or Item 18 shows any injury, or		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 210 IN JURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hosp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR' (AT HOME, STREET, FACTOR tol) ottended the decease	WHICH OPERATION WAS PERFORMED NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) 21f LOCATION STREET d from, 19, and that in (my) (aur) a DEGREE	20a AUTOPSY? 20b. IF YE IN CERTI YES NO YILL YES NO	S, WERE FINDINGS FYING CAUSES OF E ES N PART 1 OR PART 2) COUNTY 19 , that ur and from the couse 22c. DATE SIGN
e Dept. of Health and Mental Hygiene prior to burio If Item 21 is marked or Item 18 shows any injury, ar		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR' (AT HOME, STREET, FACTOR tol) ottended the decease	WHICH OPERATION WAS PERFORMED NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) 216 LOCATION STREET 4 from, 19 ond that in (my) (our) o PHYSIC 22e ADDRESS	20a AUTOPSY? 20b. IF YE IN CERTI YES NO YILL YES NO	S, WERE FINDINGS I FYING CAUSES OF I ES No PART I OR PART 2) COUNTY 19, that ur and from the couse 22c. DATE SIGN
n ond wemon hygiene prior to burio orked or Item 18 shows any injury, or	MEDICAL MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 210 IN JURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hosp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MON P.M. 21c PLACE OF INJUR' (AT HOME, STREET, FACTOR tol) ottended the decease to view the body after deat R PRINT)	WHICH OPERATION WAS PERFORMED NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) 216 LOCATION STREET 4 from, 19 ond that in (my) (our) o PHYSIC 22e ADDRESS	200 AUTOPSY? 200. IF YE IN CERTI YES NO OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, CITY OR TOWN Pinion death accurred on the date and have princed in the date and have one princed in the date and	S, WERE FINDINGS I FYING CAUSES OF D ES NO PART I OR PART 2) COUNTY 19, that ur and from the couse 22c. DATE SIGN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 1	0 8 5 0
i	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	JAMES	WALLACE	DOWNS	April 16, 19	082 5:34A _M
	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	Feb. 23, 1907 YEAR	75 YRS.	MONTHS DAYS HOURS MIN.
0	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
>	Maryland	U.S.A.	WIDOWED DIVORCED	St. Mary's	MD.
1	Leonardtown	St. Mary's H	ospital	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN Md. St.	NTY 13c. CITY OR TOV		13e. STREET ADDRESS Rt. 4 Box 337	
	14 FATHER'S NAME FIRST Joseph R. Downs	MIDDLE LAST	15. MOTHER'S MAIDEN NA Effie Her		LAST
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17. INFORMANT	ADDRESS	
	no	213-22-	0446A Daris M. Down	ns Rt. 4 Box 337	Mech., Md.
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION GIV	EN IN PART 110
1	NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
-	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive on	tal) attended the deceased from 19		death accurred on the date and hour	19, that (I) (we) lost ond from the causes stated
	226 SIG ATURE 226 PHYSICIAN'S NAME (TYPE O	In form	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
		D. Boyd II, M.D		town, Md	
	230 BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial	Apr. 19, 1982 C	harles Memorial Gar	rdens Leonardtown	ST. Mary's Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md. 20650

APR 19 1982 Courses

sing designation country states and Leferell .ts --Leonardson 3t. (ery's location CONTRACTOR OF THE PROPERTY OF A Comment of the Comm MILLIAND . LOYOL II, T. D. the test that there explained in the or these thank with the Court See 1 21 grant of the Court o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR L DECEASED NAME O DATE KNOWN MONTH 7h HOUR TYPE OR PRINT ESTI-Caperton DEATH MATED 04 19 82 Thomas 12047_M Farren 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 19 82 2047 Male Cauc 07 59 Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY St Mary's West Virginia WIDOWED DIVORCED 126 KIND OF BUSINESS O. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION STYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Patuxent Naval Hospital, Patuxent River Inspector Electrical 3515 56th Place 1136 COUNTY 13d. INSIDE CITY LIMITS? 20784 Prince George Cheverly MD YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Floyd Edward Theresa Murphy Farren Anna 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 236-24-4941 Same as deceased Mary K. Farren Army 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE MARYLAND, 22s. I certify that I took charge of the remains described above, held an Autopsy and in my apinian PAGE 4 SHOULD TO FUNERAL DIRECTOR
AFTER DEATH, WITH TI
RAITIMORE, MARYLAI Hamicide Undetermined manner 4-18-82 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL ALDERSON CEMETERY ALDERSON 4/22/82 BP 24. FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH-17** 500 UNIV. BLVD., W., SILVER SPRING. MD. 20901 (VR A15 ME (5) 15M 2/80

and the charge the said the said MARKET STANKE TO STANK LANGUE DE L'ANGELLE DE L'ANGELL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

REGISTRAR			CERTIFI	CATE OF I	DEATH	REG	G, NO.	0 0	tall Can
I. DECEASED NAME	FIRST	MIDDLE	LA	ST		20 DATE OF DEAT	Н момтн	DAY YEAR	26. HOUR
	BENJAMIN	ANDREW	GA	RNER		April 16	5, 1982		10:50PM
3. SEX	4 RAC	E	5. DATE OF	BIRTH		6. AGE LIN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
Male	C	aucasian	Aug.	3°°,	1906	75	YRS	MONTHS DATS	HOURS MIN.
COUNTRY)		IZEN OF WHAT COUNTE	RY? 8.	X NEVER	MARRIED -	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
Maryland		U.S.A.	WIDOWED	DI	VORCED [St.	Mary's		MD.
10 CITY OR TOWN OF		AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STR		OTHER INS	NOITUTION	12a. USUAL OCCU			F BUSINESS OR
Leonardtow		St. Mary's		1		Contrac	tor		vation
USUAL RESIDENCE (IF I 130 STATE Maryland	NURSING HOME OR OTHER IST. COUNTY	113r. CITY OR TO	FORE ADMISSION) NOTICE TO THE PROPERTY OF THE	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRI Breton B	av Driv	e. P.O.	Box 166
14 FATHER'S NAME	MIDDLE	LAST			FIRST			Do Jus	

1	Denjamin	IVI.	Garner	ATLET	IIIa		патеу
1	16a WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS	S M I
Į	No	(I IES, OIL WAR ON DATES)	213-18-6845	Pearl C.	Garner,	Leonardtown,	Maryland
ĺ	18 CAUSE OF DEATH W	H Enter only one course per VAS CAUSED BY	tige for landit and y	-1.1	1. 11.	2	METWORN GROSE AND PE
I	11/11	MMEDIATE CAUSE in	Conquease	ig Cou	app		no.
ı	Canditions, Pany	which (It)_	RAS A CONSEQUENCE OF	lica	nia)	day
I	underlying course	necticate ig. the DUETO: O	R AS A GINSBOUENE OF	um	nià		ink
ı	PART 2. OTHER SWE	NEICANT CONDITIONS C	ONTHIBLY ING TO DEATH BUT	OF RELATED TO 1	HE TERMALAL DIS	EASE OR CONDITION GIVEN	V BY PART TIME

IN CERTIFYING CAUSES OF DEATH? NOF VES [NO IT The ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ZIC HOW INJURY OCCURRED Tender visitual of number of the IR PART CORNARY by HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CHUSE OF DEATH P.M.

THE WIJURY OCCURRED 71e PLACE OF INJURY TH LOCATION ERY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC. I MARE 224.1 certify that (I) (this hospital) attended the

and that in (my) (and opinion death accurred on the date and hour and from the couses stated 77% SIGNATURE

ATTENDING PHYSICIAN S

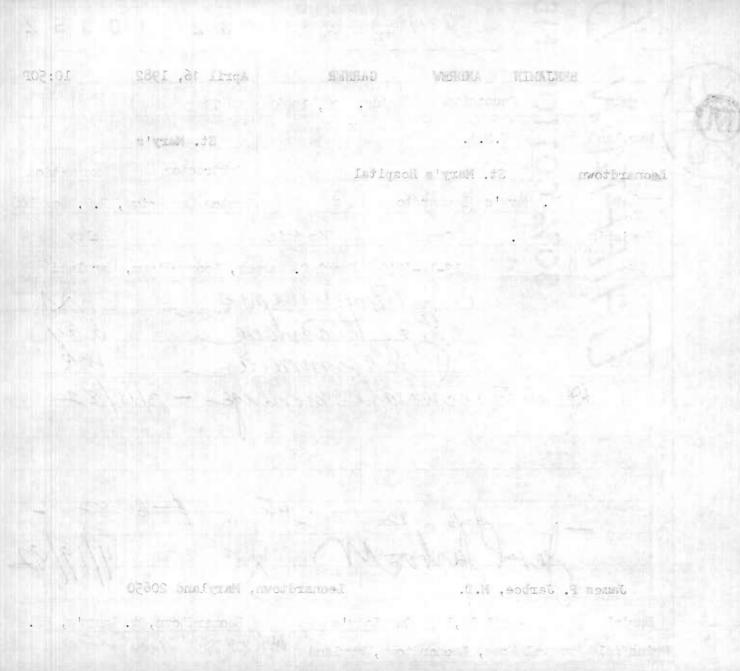
Leonardtown, Maryland 20650 James P. Jarboe, M.D.

ZIR BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Leonardtown, St. Mary's, Md. April' 19,1982 Our Lady's

724. PHYSICIAN'S NAME

Brinsfield Funeral Home, Leonardtown, Maryland

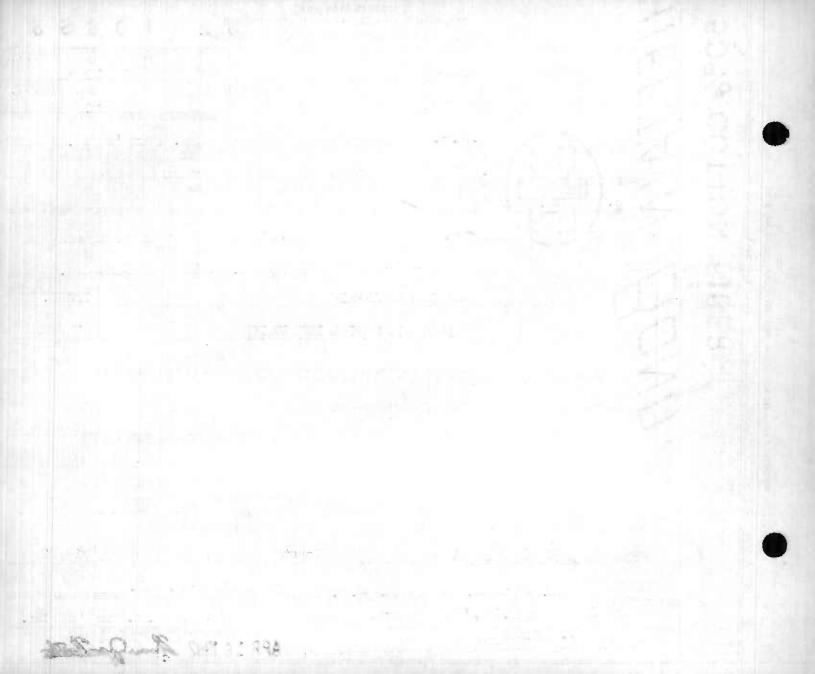
DHMH - 16 50M 1/81 (VRA 15. 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN XX 842 (TYPE OR PRINT) OF ESTI-DEATH MATED JOHN FRANCIS HALL 19 82 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1842 Male White 20 1895 Jan 87 DEAD 1982 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED DU St. Mary's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY EOR MOST OF WORKING LIFE! Leonardtown St. Mary's A 3. RETAIN PA Hospital Farmer USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Maddox Mary' YES [NOT 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James Henry Hall Lillian Gertrude Tennyson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) Yes 214-34-3505 Frances E. Hall Maddox. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RWARDED TO THE CHIEF MEDICAL EXAMINER ALCHG FACES SHOULD BE USED AS A BURIAL TRAINST PERM FACES SHOULD BE USED AS A BURIAL TRAINST TIZE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY CARDIAC ARRYTHMIA TMM ED. DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RECENT MYOCARDIAL INFARCTION 2 WEEKS gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO | 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR P.M 21e PLACE OF INJURY (ATHOME. 21f LOCATION 21d INJURY OCCURRED FORWARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY DECUTE THE CERTIFICATE, WRITE PACE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE X Inquiry X 220 I certify that I took charge of the remains described above, held pri Autopsy Inspection and in my opinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AFTER (Leonardtown, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE Apr. Apr. 15, Md. Sacred Heart. Bushwood st. Mary's BP 24 FUNERAL DIRECTOR W.Clarke Mattingley
Mattingley Funeral Home Leonardtown MdAPR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND



13. SIREET ADDRESS Delivery Pilkerton Maddox, Md. APPROXIMATE INTERVAL you with Cachefia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE .19 _ & ___, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated Th. DATE SIGNED Burial St. Mary's Md. Sacred Heart Cemetery 4/23/82 Bushwood. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 W. Clarke Mattingley P.O.Box 270 Leonardtown, Md. (VRA 15.4) (PANCED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1982

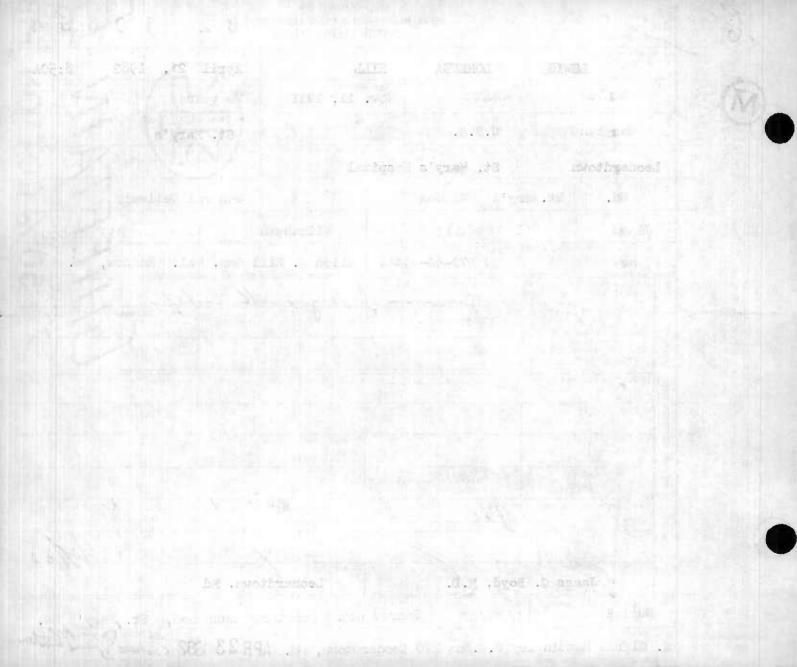
8:50A

126 KIND OF BUSINESS OR

INDUSTRY

- STATE

REGISTRAR



W. Clarke Mattingley Leonardtown. Md. 20650

- STATE

TYPE OR PRINT

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$

CERTIFICATE OF DEATH

BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e. STREET ADDRESS General Delivery Estella Henvon APPROXIMATE INTERVAL BETWEEN ONSET AND DEA OCARDIAL Inferretion Archiogunic SHOCK ENTRICULAR FIRM 11-hm 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE ond that in (my) (our) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Leonardtown, Maryland 20650 23d LOCATION Cedar Hill Cemetery Suitland P.G. Md.

20 DATE OF DEATH MONTH

18.

1982

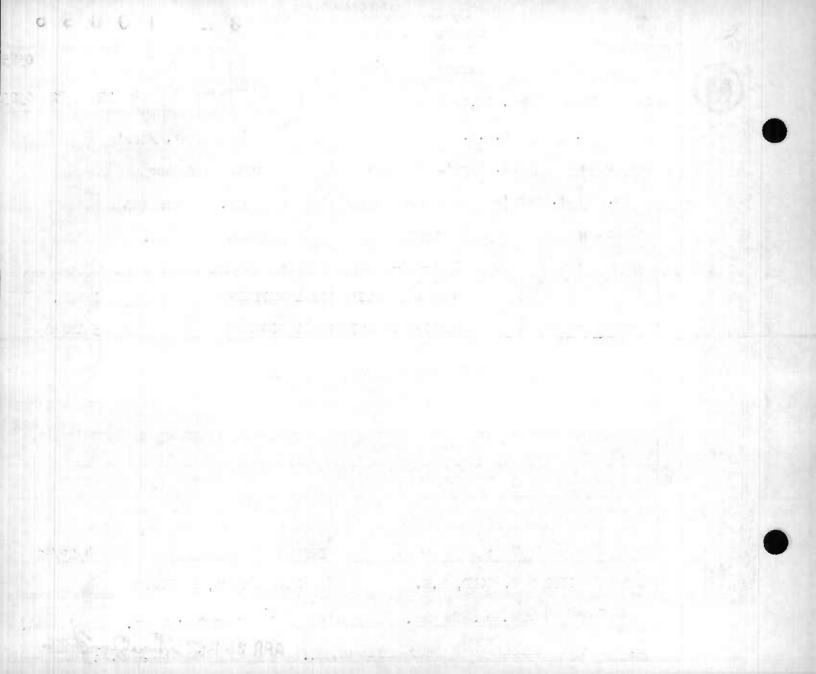
26 HOUR

11:01M

DHMH - 16 50M 1/81 (VRA 15, 4)

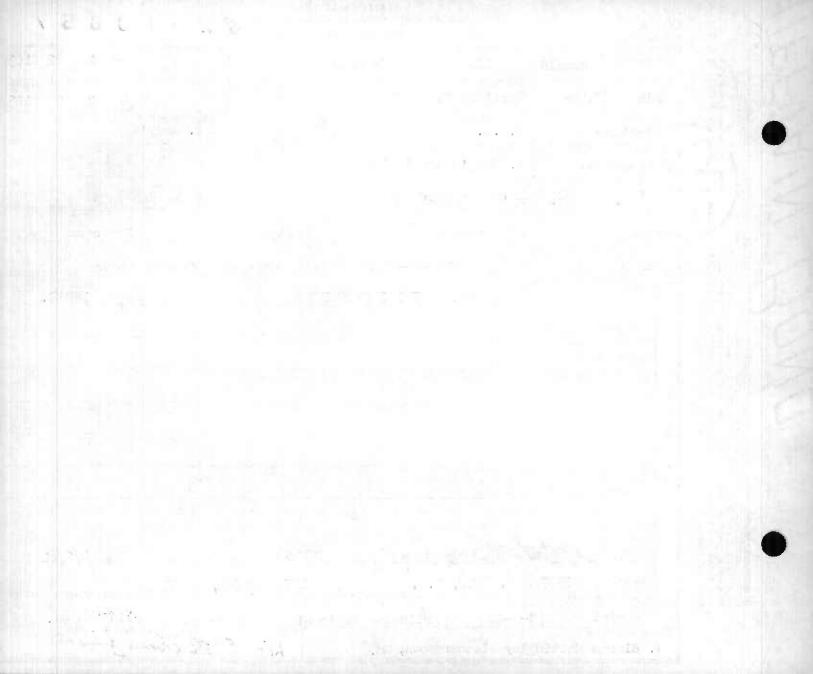
2 6 8 6 1 1 3 8 3 5 TOTAL SUSTEEN STREET, STREET, ST. 1902 Might would be a first the state of the stat to be present a line of the contract of the co injunction . The more more and the more and the second sec Control of Louise Control of the Con Booker torn, Me , lend 20050 V. C. 1192. The state of the s The Quality (187-85 39) The Control of the Control

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN 20 DATE (TYPE OR PRINT) ESTI-OF James Alfred DEATH MATED Johnson 4 1982 5. DATE OF BIRTH 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. MONTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 82 0525 Male Black Nov. 10.1892 89 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. U.S.A. WIDOWED DIVORCED St. Mary's 3. RETAIN PAGE 5 12 SHOULD BE FILED, V 10 201 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING HEET Leonardtown Mary's Hospital retired farmer USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 3a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. St. Mary' me hani avi YES [NO [4 Box 463 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDDLE LAST MIDDLE LAST Charles Johnson IVE PAC. Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 213-12-1654 no Arlene Short same as above 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY ACUTE CONGESTIVE HEART FAILURE TMM END. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ARTERIOSCLEROTIC HEART DISEASE YEARS gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 1 PRIOR TO BURIA YES T **XXON** SHOULD BE 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHC AFTER DEATH, WITH THE STATE DEPARE BALTIMORE, MARYLAND. 21201 DEPARE 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY InspectionXX 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes XX death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DEPUTY DATE 4/23/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME WILLIAM D. BOYD, M.D. LEONARDTOWN, MARYLAND ADDRES! 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial Apr.26.82 St. Joseph's BP morganza 25a. Date REC'D. By REGISTRAR 24 FUNERAL DIRECTOR **DHMH-17** Clarke Mattingley Leonardtown. Md (VR A15 ME (5)) 15M 2/80

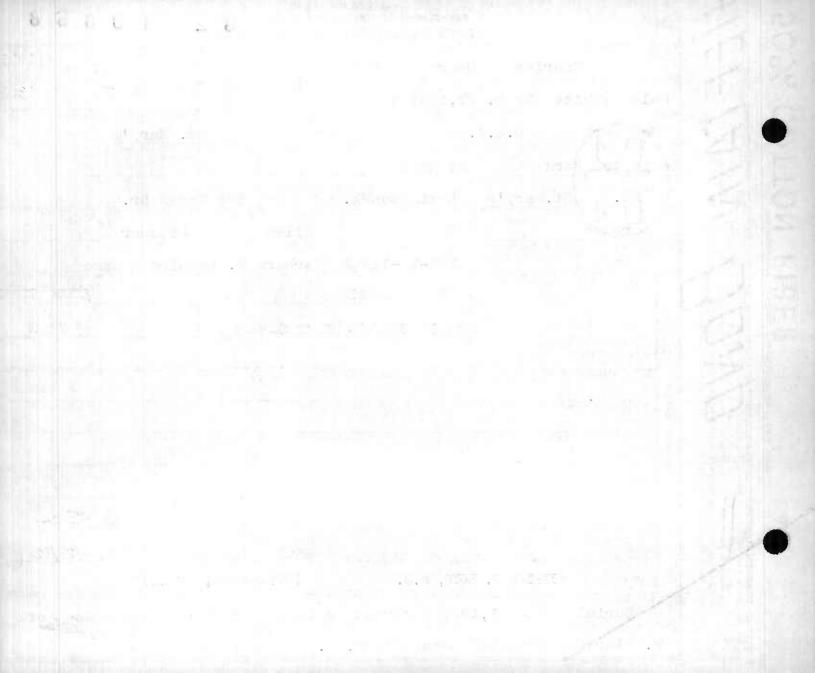


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEG NO L DECEASED NAME 2a. DATE KNOWN AT (TYPE OR PRINT) OF ESTI-Ronald Lee Johnson 19 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BURTHDAY) April DA19 PRONOUNCED 1929 Male White ,82 0103 DEAD 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan U.S.A. St. Mary's WIDOWED T DIVORCED 3. RETAIN PAGE 5 2 SHOULD BE FILED. AL RECORDS, 201 W 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) St. Mary & Hospital Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS St. Mary's Md. Hollywood NO K Route Box 360 F. PAGES 1 AND 2 SI DIVISION OPVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Vergil Johnson Carolyn Bordeaux URS AFTER DEA 8. GIVE PAGES WITH FORM F 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Yes 372-26-4557 Betty Johnson Same as above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MYOCARDIAL INFARCTION CKENIVIE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES [] E 3 SHOULD BE I 21g. EXTERNAL CAUSE WAS 21b. TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY CATHOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK Inspection 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Hamicide death resulted fram Undetermined manner TITLE (SPECIFY) DEPUTY MEDICAL EXAMINER EXAMINER'S NAME WILLIAM D. BOYD, M.D. LEONARDTOWN, MARYLAND 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY 4-6-82 Arlington National Arlington Md. Arlington BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** W. 6larke Mattingley Leonardtown, Md. (VR A15 ME (5))

15M 2/80



1.	FOR • STATE REGISTRAR	STATE OF MADE DEPARTMENT OF HEALTH AMEDICAL EXAMINER'S CE	AND MENTAL HYGIENE 2	8 5 8
	ECEASED NAME FIRST (PE OR PRINT) Charles	Henry Knapp	20. DATE KNOWN X MONTE OF ESTI- DEATH MATED 4	27 182 26 HOUR
3. SE	MONTH	OF BIRTH 6. AGE (IN YEARS IF UND	ER LYR. JE LINDER 24 HRS 70 DATE MONTH	28 82 1300
70.1	BIRTHPLACE (STATE OR 7b. CITIZ	TEN OF WHAT COUNTRYS IS		MD.
)()Le	exington Park	ME OF HOSPITAL, NURSING HOME, OR OTHER OT IN SUCH FACILITY, GIVE STREET ADDRESS) at home	R INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	02 12b. KIND OF BUSINESS OR INDUSTRY
	STATE Md. 13b COUNTY St. Mary		3d, INSIDE CITY LIMITS? 13€ STREET ADDRESS YES □ NO □ 506 Essex Dr.	
4	FATHER'S NAME FIRST MIDDLE Lorenzo	Knapp	S. MOTHER'S MAIDEN NAME FIRST Ellen Pitcher	LAST
	WAS DECEASED EVER IN U.S. ARMED FORM (YES, NO, OR UNKNOWN) NO (IF YES, GIVE WAR OR DATE)	CES? 166. SOCIAL SECURITY NO. 123-18-1236A	7 INFORMANT ADDRESS Barbara K. LeQuire s	ame
	18. CAUSE OF DEATH (Enter only one compart I DEATH WAS CAUSED BY: IMMEDIATE CAUSE	CARDIAC ARRYTHMIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON, OR REMOVAL	Canditians, if any, which gave rise to immediate	UE TO, OR AS A CONSEQUENCE OF (b) ARTERIOS CLEROTIC IS UE TO, OR AS A CONSEQUENCE OF	HEART DISEASE	5 YEARS
¥		NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	96 CONDITION FOR WHICH OPERATION WA	S PERFORMED?	20 AUTOPSY? YES \(\square\) NO \(\textbf{X} \)
S S		TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
MEDICAL	21d. INJURY OCCURRED 2' WHILE NOT WHILE AT WORK AT WORK	Te PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)		COUNTY STATE
BATTIMORE, MARYLAND, 27	22a. I certify that I took charge at the redeath resulted fram: Natural causes ACTUAL SIGNATURE		Hamicide Undetermined manner . TITLE (SPECIFY) The DIFFY DAT	
DW J	EXAMINER'S NAME WILLIAM (TYPE OR PRINT)		LEONARDTOWN, MARYLAND	
		1,1982 Hartwick S	Seminary Milford Ostes	SO New York
24	W. Clarke Mattin	gley Leonardtown, M	Id. APR 29 1982 Princes	State of the state



STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a. DATE OF DEATH 26 HOUR 1982 3:40AM 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR HOUSEWIFE INDUSTRY 104 OLD RESOLLING ROAD WHITE ADDRESS California. Md. 104 Old Rolling Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 17 days

COUNTY

STATE

STATE

NO [

22c. DATE SIGNED

23 APK 82

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

REGISTRAR

Leonard J. Ruck, Inc. Baltimore, Maryland

Apr 26 1982

Parkwood Cemetery

Baltimore

Telvos Lamined J. Mary Line. Salvetore, Solvetore APR 2 6 1982 Televier

W. Clarke Mattingley Leonardtown, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH 1982 12:05 26. & AGE | IN YEARS LAST BIRTHDAY IF UNDER I YEAR HOURS 65 years BALTIMORE CITY OR COUNTY OF DEATH St.Mary's 12h KIND OF BUSINESS OR INDUSTRY Civil Service 13e Star Rt. Box 74 MIDDLE Russell 578-24-6968A Mary Elsie Morgan same PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY STATE and that in (ay) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Leonardtown, Maryland 20650 23d LOCATION

Bushwood

DHMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR

L. Y

331 49, 1724

St. Hany's

12:05

istiquod of trade.

James C. Boye, ... B.

Geometicon, Mar land 20650

BALTIMORE CITY OR COUNTY OF DEATH St. Mary's 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Chemical Gore Street. St. Clements Shores LeClair Clements Shores Ruby Corinne Reynolds, Leonardtown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 4.27.8 DIRECTOR PHYSICIAN Compton, St. Mary's, Maryland 24 FUNERAL DIRECTOR Brinsfield Funeral Home, Leonardtown, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

9:05A

1982

IF UNDER TYEAR

- STATE

REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE SEE LINES medican be to longitud property of the land per all time and the state of t Andreas have been all the said of the The transfer of the second of John Pennick, H.D. And Alexander and Annual Control of the second seed, it can be comed to the second seco

5086 William Service Servic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DIRECTOR. OUR FILES. N 72 HOURS DEATH MATED 10 82 STEPHANIE ROPER X 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED DEAD 1/18/50 22 YRS 19 82 White 111pm b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED California U.S.A. St. Mary's County WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION JING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO THE DICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGES 1 AND 2 SHOULD BE FILENTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 2019 OR INDUSTRY Student Frenchman Hollow None Mechanicsvil IF OH OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 15321 Rolling Medows Rd. pper Marlboro 30. STATE 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Vincent W. Roper Roberta R. Henesey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-90-9063 Vincent W. Roper (Father) Same as None CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 HEALTH , CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR ING. Subject shot. P.M. 4-4-1082 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Frenchman Hollow. Mechanics ville. St. Mary muddy area Autopsy X 220. I certify that I taak charge of the remains described above, held an Homicide X Accident Undetermined monner Notural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4-12-82 111 Penn St., Balto., Md.21201 Ann M. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Resurrection Cemetery Clinton P.G. Md. Funeral Home Inc. 24 FUNERAL DIRECTOR **DHMH-17** Old Alexander Ferry Road Clinton Md. (VR A15 ME (5))6 6 15M 2/80

20001 300 William to the second of the Melber Ne. Vincent . Johns V. . Maiserla N. Menouev . . Miles The number (which a being a firewart fire of the party of

(VRA 15, 4)

Hyattsville, Maryland

STATE OF MARYLAND

FOR SOME SERVICE SERVI -8021 .D .no. Doling Will zell Strong Lynnox 2 College i ateon Bit soll Christian A. Relower Personal Property of the second Cold to Time to a section of the cold of the Maying Seerge Carmington Cog. Synthetille Trings Cop. Set. Frencis talel's Sons luneral Boso, L.A. basiculto, Marchael

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) William Russell Rusmisel 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS Caucasian 19. 1900 Male Sept. 81 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia St. Marv's WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rt. Mechanicsville Box 5 Male Nurse D.C. Gov't 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rt. #2 Box 5 Maryland Mechanicsville Mary 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Rusmisel Bodkin George Marv 17 INFORMANT Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS YES NO OR UNKNOWN) I HE YES GIVE WAR OR DATES 1920-1921 578-58-1528 Mary G. Drury Same as Line #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to), ib), and ic-PART I. DEATH WAS CAUSED BY. CARCINOMA PROSTATE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATI 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 211 LOCATION 210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE

220 | certify that (1) (this hospital) attended the deceased from 3-30 and that in (my) (our) opinion death accurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF 22e ADDRESS J. Roy Guyther, M.D. Mechanicsville, Maryland 230 BURIAL CREMATION, REMOVAL 23h DATE 236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15. 4)

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MPORTAN

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24 FUNERAL DIRECTOR

Burial

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Huntt Funeral Home Waldorf, Maryland

4-16-82

Cedar Hill Cemetery Suitland P.G. Maryland

Rusmisica, When resser

into Comcagne Sent. 19, 1900 Bt. Pery's

Prechanicaville Mg. M. Box 5 | Male Nurse | L.C. Equ'

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General Mary Department of the Tea 1920 tory G. Order Bros of Line 153

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Gurtel 4-76-92 Leder hill emalery bultland P.S. Maryland

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

o dia t MULE RUSSILL ST. 1962 19:35 ASEA 11 N. 11 A. प्राथमा । ज्यान । जीव Decompactors St. Margia Boroical William D. Boyd II H.D. . Leonar town, Haryland . 20650 The Park Capt 32 Age

	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 0 8 6 7 CERTIFICATE OF DEATH												
		CEASED NAME	FIRST		MIDDLE		TZA	20.	DATE OF D		MIMON	DAY	YE AR	2b HO	UR
			LEONARI		ALLEN	THOM	PSON		April	8.	198	2		6:0	7 PM
	3. SE	x Male	4	RACE White	9	5. DATE OF BIRTH MONTH DAY March 21, 1904			6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS			IF UNDER 1 YEAR IF UNDER		R 74 HRS	
Z	Abell, Marylan city or town of death Leonardtown			du.s.A.		8. MARRIED MEVER MARRIED WIDOWED DIVORCED			9. BALTIMORE CITY OR COUNTY OF DEATH					MD.	
6			11. NAME OF HOSPITAL, NURSING H I IF NOT IN SUCH FACILITY, GIVE STREET ADDR St. Mary's Hos				1111								
La Car	13a S	Md.	13b COUNTY St. Ma	1	130 CITY OR TOW AVENUE		13d INSIDE CITY LIMITS		STREET AD	press ting	gly	Roa	.d		
0		William	MIE	T.	Thomps	on	France		ME MIDDLE			13	Norris		
1		VAS DECEASED EV YES, NO OR UNKNOWN) D			220-16-		17 INFORMANT A Mary Ed	lith	Thom	ADDRES PSOT		me	as	13e	
	7 "	PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE ISI DUE TO OR AS A SONSEQUENCE OF Conditions, if any, which gave the for immediate colise is: Stating the bridge light DUE TO OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To													
999	CERTIFICATION	19a DATE OF OPE	OF OPERATION 196 CONDITION FOR WHICE				H OPERATION WAS PERFORMED			200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					TH?
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NAT FIFTHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 210. PLACE OF INJURY 211. LOCATION 211. LOCATION 211. PLACE OF INJURY 211										PART I OR		NO (
	ME	AT WORK AT	WHILE WORK	(AT HOME ST	REET, FACTORY, OFFICE F	ARM ETC)	STREET			ITY OR TOW	N	co	UNTY		STATE
		22a. I certify that (1) the bosonation attended the deceased from										lated			
		Ja	mes P.	//	, M.D.		Leonar						/	1	
	23a. B	urial, crematic specify) Burial		236. DATE 1/12/8			emetery or cremato Heart Ce		Bush		d St	. Ma	ry	s M	d.

an Wather

M FUNERAL DIRECTOR
W. Clarke Mattingley Leonardtown, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If them 71 is marked or Hem 18 shows ony injury, or other traumotic event, th

1000 EXCHAND CHEMN CHOMOSON August 6, 1982 6:07 E 1 mg 2 .J. Decumentown St. Mary's Hospital The Walter Colonial Colonia Colonial Colonial Co Jones P. Jarens, 1.1. Al . Hotteepou

3 6 4 0 T VILITA: LAMBIUS VIGNAL, FT. VILL 2, 1982 2:25 1. . Field Loudenten May 16, 1913 . 64 Leonardtown 8t. Hary's nospital Logica Haker Haker Hailronn nu. Lat. Warve Charlotte Hall . s ut. . . Sox 11 illiem . . . sorett Cathorina Million ACVA-12-2-Siemma L. Hannil, English and Legal e - Light voluments and volume in , wot Innon turies had the first transfer the first and the first th nuntt funeral Home, walkerf, Marvland 1977 198

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MPORTANT. If Hem 21

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	100	0 3					
	T. DECEASED NAME FIRST (TYPE OR PRINT) CHARLES	EDWARD WILLIAM	LAST		AONTH DAY YEAR	26. HOUR					
	3. SEX		S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS					
d	Male	White	May 21, 1898	83 year	S VPC MONTHS DAYS	HOURS MIN.					
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WISCONSIN	U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH St. Mary's MD. 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
1	Leonardtown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GWESTREET AD St. Mary 8 Hospi	tal								
5	USUAL RESIDENCE (IF NURSING HOME OR 136 STATE Md. 135 COUN	Mary 's Mechani	CSV TED NO A	130 STREET ADDRESS E	314 Med	chanics					
9	Alfred Wil	LAST LAST	15. MOTHER'S MAIDEN NAME FIRST UNKNOWN LAST								
	168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 18 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 SOCIAL SECURITY NO. 18										
	PART I. DEATH WAS CAUSEI	18 CAUSE OF DEATH lEnter only one couse per se for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arabelic Audosis									
	Conditions, if any, which	DUE TO, ORAS A CONSEQUENCE (b) Cardio	responding -	Jailure		HR					
	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CARD PAC another Constitution (b) Cardio respiratory lawrence (b) Cardio respiratory lawrence (b) Cardio respiratory lawrence (c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	WAS PERFORMED 200 AUTOPSY? 20b IF YES IN CERTIF							
		THE STATE OF THE S	YEAR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)						
	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARN	211 LOCATION	CITY OR TOW	N COUNTY	STATE					
	WHILE D NOT WHILE D	The state of the s									

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did nat) view the bady and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN V.Shah, M.D. Leonardtown, Maryland 20650

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Falls

Church

COUNTY STATE

1982 National Mem. Park

24. FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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11:10, SBRI, RS Litton THE RESERVE altred.18 lean record of. may's respired Entertain Description Starph ve determine leonardtoin, leylini 20650 · Local gallies April 10 Comment of the Comment of t

District of the Research Color State of the State of the